PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application o	r Docket	t Number	
\triangle	~		
AHP	$I \otimes I$	$\sim 1-10$	1
1 3 CIL	ומו	MOIL	L

		CLAIMS AS						MALL EN			OTHER	
· ·			(Column	1)	(Colur	nn 2)	1	YPE _		OR	SMALL	ENTITY
TO	TAL CLAIMS	18	ų.	`				RATE	FEE		RATE	FEE
FO	R		NUMBER F	ILED	NUMB	R EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS minus		ıs 20=	• 1	5		X\$ 9=	0	OR	X\$18=	6		
IND	EPENDENT CL	AIMS	y ∫ min	us 3.=	* ′	8	Ī	X40=	320	OR	X80=	640
MULTIPLE DEPENDENT CLAIM PRESENT					+135=		OR	+270=				
* If th difference in column 1 is less than zero, enter "0" in column 2		olumn 2	ı	TOTAL		OR	TOTAL	750				
	CI	LAIMS AS A	MENDED	- PAR	T II			•		,	OTHER	THAN
		(Column 1)		(Colu	mn 2)	(Column 3)		SMALL E	NTITY	OR .	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T 01 A114			X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		١	+135=	-	OR	+270=	
							Í	TOTAL			TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
_		(Column 1) CLAIMS			imn 2) HEST	(Column 3)	1 .					1
AMENDMENT B		REMAINING AFTER AMENDMENT		NUN PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N DW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=]	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	I CLAIM		1	+135=		OR	+270=	
							ļ	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER YOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ï
ME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDEN	IT CLAIN]			┧ॅ``		
+135= OR +270=												
* If the entry in column 1 is less than the entry in column 2, writ "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Tetal or ladge and early in the highest number found in the appropriate box in column 1.												

NOTICE OF FEE DUE

DATE 12.04.03		RECEIVED
TO. UIPE		DEC 0_8 2003
FROM: Office of Initial Patent Exam	nination	TECH CENTER 1600/2900
SUBJECT: Fee Due		
APPLICATION NUMBER: 04 77	4936	<i>*</i>
A fee is due for the attached document so Office for the following reason. Please cauthorization to charge a deposit account charge the appropriate fee. If an authorization fee deficiency.	ileck the applica	tion for the appropriate
Ci Insufficient fee by check		
Insufficient funds in deposit account	·	
Li Declined credit card		
☐ Non authorization for charge to deposit	t account	
☐ No fee submitted per requirement *		•
The correct fee code: 197	··. amount	\$_11.0.00
Fee Due	amount	- \$
, cc Duc	amount	=\$
If you have any questions, please contact Cy Eleanor Kurtz at 703-308-3642.	nthia Streater at	703-306-5430 or
Terminal Operator	VINO	